

MindFIT Podcast – Making Meditation Inclusive through Anti-Ableism Transcript

Lauren Brown:

Hi, and welcome to the University of Toronto's MindFIT lecture series. My name is Lauren Brown, and I'm the Mindfulness Meditation and Yoga Program coordinator for the Division of Student Life. Thank you for listening.

Hela Kalicharran:

Okay. So, I'm going to start today's session with a land acknowledgement. I'd like to acknowledge this land on which the University of Toronto operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many indigenous peoples from across Turtle Island, and we are grateful to have the opportunity to work on this land.

So, facilitating today's session, we have Bismah joining us. Bismah is a graduate of UFT's Occupational Therapy Program and is currently an occupational therapist at George Brown. She has also completed the MindFIT program. So, I'll turn the microphone over to you.

Bismah Khalid:

Thank you so much, and thanks for having me again. So, hi everyone. Just to do a quick access check, I just want to make sure everyone can hear me and see me. Just thumbs up. Okay, perfect. If you want to use close captions as well, you can select the live transcript button in the bottom panel on your Zoom, and you can actually click view full transcript. And then, hopefully you'll be able to see anything that I'm saying written out, and I'll speak clearly or as clearly as I can. Thank you so much for sharing the slides by the way.

So, just beginning the session, I'd like to begin by taking a moment to ground ourselves as a group, so you can choose to be in any position that you prefer. You can choose to keep your eyes open or closed, just get comfortable and participate in any way that you're able to today.

So, taking a deep breath in together and breathing out and in and out. Continuing at this pace of breath for a few more counts, grounding ourselves in this moment in this space. Okay.

So, welcome everyone. Thanks for joining me today for this session on creating an inclusive and mindfulness and meditation practice. So, just as a warning, we might be discussing concepts or cases that are sensitive or could be triggering for some people. So, please feel free to pause and check in with yourself throughout the session. And if you need to take a break or exit the session completely, you can also do so. Next slide, please.

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So, I'm Bismah. I'm a licensed occupational therapist and accessibility consultant. And as an occupational therapist, my goal is to help clients engage in meaningful work, whatever meaningful means for them, and by removing barriers in their environment and in the task or activity itself, and through learning capacity building skills.

I've been working in post-secondary accessibility at various institutions like OCAD University, University of Toronto, and most recently George Brown College. And I work one-on-one with students with disability and work with faculty on Universal Design for learning as well. And in my work, I use mindfulness practice with students who are open to trying it and even for myself throughout the day. So, I don't get to use it too often, but I'm really passionate about the topic anyway. And I completed the MindFIT certificate at UFT a few years ago as well. Next slide, please.

So, here are a couple of the objectives that we'll go through today. So, just understanding disability and the types of disabilities that you might encounter in practice and facilitation, learning the importance of creating inclusive practice and increasing awareness around ableist language, exploring types of disabilities with examples of guidelines for inclusive practice and precautions. And then, also, taking a look at your next steps.

So, this slide goes through what disability is. And so, of course, this is a deep topic, and there's a lifelong amount of learning and unlearning that we can all do. But this presentation will hopefully introduce or add on to what you already know. And so, there are definitely many, many definitions of disability, and here I've described disability as a condition or a state of the body or mind that makes it challenging for a person to participate in certain activities and interact with the world around them in the way that society has normalized. So, in order to participate or engage with the world around them, people with disabilities may use other senses like sight, hearing, smell, they might adapt their tasks, or they have learned coping skills throughout life, or they use adaptive technology and a couple of more things like that.

So, disabilities are often categorized into physical or sensory such as paraplegia, loss of vision. There's also developmental or neurodevelopmental such as ADHD or autism spectrum disorder. And then, there's mental health such as PTSD, anxiety, depression, bipolar disorder. But I do recommend that this is taken with a grain of salt because many people live with more than one disability. And one disability can also overlap between two or more of the categories that I've listed here. So, just as an example, chronic pain is often the intersection between physical and the mental health categories.

And there are also many models and frameworks that describe disability. So, the two main ones that we'll be comparing today is the medical model of disability and the social model of disability. Next slide, please.

So, this is the medical model. And the medical model focuses on the individual's limitations and uses language such as problem or disorder or impairment. And so, this model often requires the individual to change themselves and adapt to their environment, causing them to lose a lot of their independence, choice, and control in their lives. And this used to be the traditional model that was used before we

shifted focus to other models that focus on more creating an accessible environment and adapting tasks and activities rather than having the main focus feed the actual individual. Next slide, please.

So then, can the social model of disability, which is widely used today. The social model focuses on the society and environment as the key barriers for disabled people. And the barriers within society or the environment can be physical like the lack of a ramp to get into a building or barriers can also be attitudinal and assumptions that lead to limiting of beliefs about disabled people. It basically helps us recognize the barriers that may impact disabled people and allows us to mitigate the barriers that may be inaccessible or excluding people from engaging in whatever activity or space meaningfully. So, in this image, the individual is within a society that has many barriers to their full participation. Next slide, please.

So, now that we've taken a closer look at what disability is, the types of disabilities, and the social model of disability, we can discuss why it's important in facilitating mindfulness and meditation practice. So, today I am going to share a personal story with you all about the first time I ever meditated.

So, going back to when I was in high school, our school principal had come into our classroom one day to facilitate a group meditation. So, there were about 30 of us in the classroom, and she made us all put our chairs in a little circle facing each other, and we began the group seated meditation that way. And she had us close our eyes and begin breathing. And a few minutes into the meditation, I felt my chest get really heavy, my breathing get fast, and I could feel my heart pounding in my chest. And at the same time, we were focused on all of those things. We were focused on the breath, and we were focused on the present moment. And the scariest part is that I tried to push through the meditation because I was nervous to interrupt the class, especially with this being the first time I had ever meditated, and we were being introduced to this new concept.

So, looking back at this experience, I've realized that I felt dissociated from my body and really, really anxious, and I had never experienced these feelings before. And the facilitator hadn't made any sort of preface before we began, so I actually didn't know what to do at all and ended up pushing through a lot of the pain that I was feeling. And at the very end, she asked us to open our eyes, and I felt very sick. And so, I tapped my principal or the facilitator, and I whispered that I didn't feel very good. And then, suddenly I ended up fainting and completely blacked out. And I woke up to my name being called from different areas by my classmates.

So, while my principal may have had good intentions with introducing us to mindfulness and meditation, this session was exactly what we don't want facilitation to look like. In that, we want facilitators to be intentional and mindful about how they're introducing the practice. And we should be telling participants what they can anticipate in the session and how long it will take that they have the option to stop and leave or take a break when they need to and what to do when they aren't feeling well. So, this is just one personal example of why we should be aiming to create an inclusive practice.

There's also an increasing number of people living with one or more disabilities within Canada. So, at University of Toronto, the accessibility services office has also seen a significant increase in students with disabilities accessing services across the university. And many disabilities are also non-visible. So,

non-visible disabilities means that the individual disability may not be immediately apparent. So, chances are that there may be a person with a disability at the session you're facilitating. And as a facilitator, you have the responsibility to ensure that your practice is as inclusive and mindful of the experiences of those that are attending.

And additionally, mindfulness and meditation practices commonly recommended for managing symptoms of some disabilities, like chronic pain, anxiety, concentration challenges. A lot of the time people are recommended that they try meditating. And this means that there might be a higher likelihood that a disabled person is attending your session to cope with some of those symptoms that they're experiencing and improving the quality of their life. So, this also means that you could potentially make a significant impact in an individual's life by supporting them with their practice, by creating an inclusive practice. Next slide, please.

So, there are some general guidelines that can be applied almost universally to facilitation. So firstly, the facilitator can emphasize that each prompt or each cue is an invitation for the participant. It is within the individual's control to follow or modify the cue in their own way that works for their situation. The facilitator can also provide options for various movements or cues. For example, providing the option to sit or stand or lay down or use pillows, keep your eyes open or closed. Providing options brings the independence and the agency back to the person who's participating.

These first two guidelines that I just described are part of the trauma-informed approach. And there's a really good webinar that I'm going to include in a little handout that goes out afterwards to everyone, so you can take a look at it. And it's a super useful resource if you don't know a lot about a trauma-informed approach, especially with meditation, mindfulness, it goes into way more detail than I can get in this session, so I highly recommend that.

The facilitator can also make use of a variety of senses. So often, we might be guiding someone to feel the sensation of their breath through their nose. You often hear that. So instead, you might guide them to use a different sense such as hearing their breath or using their hand to just feel their breath beneath their nose.

The facilitator can also encourage self-compassion and create a judgment-free space emphasizing that practice doesn't need to be perfect and can be modified to each person's situation. The facilitator can also encourage participants to self-reflect on their experience. In certain cases, a type of meditation practice may not feel good or be beneficial, and the participant may need to explore other forms of meditation. So, for example, some participants living with bipolar disorder have shared that an active grounding practice like gardening or listening to music has been helpful as compared to a seated meditation. So, exploring that is also important.

The facilitator should mindfully also set up their space to be free of distractions. And if you're using technology, then turn on your closed captions, ensure the room is brightly lit and you can be seen, and provide the option for keeping cameras on or off. And the facilitator can provide opportunity for suggestions or feedback and be open to and embedding it and reflecting on it as well. And lastly, if you find that the intricate guidance or the multiple prompts and queuing is confusing or distracting

throughout your session, perhaps, you can also acknowledge different abilities at the very beginning of the session or beginning of the guided meditation and encourage that modification and adjustment to each person's situation from the very beginning. And that way it can also keep your practice or facilitation a little bit more simpler as well. Next slide, please.

Okay. So, we'll go through some practical examples together about just key considerations, how you can modify components of your facilitation or practice such as language and environment. And we'll go through three examples here of facilitation. So, the first one will be someone living with PTSD, anxiety, and chronic pain, someone who's paraplegic, and then someone who lives with ADHD. Next slide, please.

So, starting off with the first example, which is the PTSD, anxiety, and chronic pain. So, in this example, the person has post-traumatic stress disorder PTSD. And as a result, they experience a lot of anxiety and chronic pain on a daily basis. The participant's physician recommended that she explores mindfulness and meditation as a coping strategy for the anxiety and the pain. So, the key considerations here would be that mindfulness is a double-edged sword for trauma survivors. So, the benefits of increased body awareness, attention emotional regulation, are all part of trauma recovery and are very important, but the participant should be physically and emotionally prepared for this stage, so that there aren't actually unintentionally harming themselves.

So, going back to that trauma-informed webinar that I mentioned, it discusses this in a lot of detail as well. So, mindfulness is also one of the tools among many that can be used to heal trauma. For participants with a history of trauma, it's important for them to speak to their physician about exploring meditation as a tool because it can exacerbate these symptoms such as experiencing flashbacks, dissociation, or even re-traumatization. So, similarly with chronic pain as well, like doing something like a body scan or focusing on a particular movement may exacerbate symptoms of pain as well. So, use of language is really important here. So, providing invitation to engage in each part of the practice, providing agency and choice around the positions is key with the trauma informed approach.

And for participants with a history of mental health challenges, connecting with their inner self or their breath can bring up strong emotions or wounds, so it's helpful to provide mental health resources at the end of the session. And if you're doing an in-person session, you may also want to have access to some emergency services numbers or campus safety numbers just in case that someone needs urgent support. Sorry. Next slide, please, I think. Yes, thank you.

So, some of the prompts that you might give is that you may say, "I will be guiding you through a body scan that will bring attention to the physical sensations through each part of your body. I invite you to engage with this as you're able. You can always choose to come back to your breath if this becomes sensitive, painful, or overwhelming." So, in this example, we're explaining exactly what will happen during the practice, and we're inviting them to engage, so they don't feel that pressure. And we're also providing an alternative. If the participant experiences any discomfort.

You might also say, "We'll begin this practice in a comfortable position, whether that be sitting, laying down, standing, walking, you can choose what works best for you in this moment." So, in this example,

we're providing options for the positioning and acknowledging that the participant can choose to do what's comfortable for them in the present moment. And for some people with disabilities, what they are able to do may change or fluctuate at different times of the day. For example, someone who takes pain medication in the morning may be able to engage better during the day than during the night when the medication has worn off. Next slide, please.

Okay. So, this is example two. So, in this example, the participant experience a traumatic car accident that led to paraplegia, the loss of sensation and control of both of their lower limbs. The participant arise to the session in a wheelchair. So, the key considerations here, this is where it becomes important to provide options and modifications. So for example, you may preface the practice by encouraging participants to participate in the way that they're comfortable and able to. For example, letting participants choose to sit, lay down, stand, or use a different limb for sensation or using language like if this is available to you.

For sensations, you might use a variety of senses like mix in sight, hearing, tasting, smelling. And language is also important here. It's important a lot of the time, but the participant is a wheelchair user, so you may use a variety of inclusive prompts and language. For example, during a walking meditation, you may cue the participants to bring awareness to each stride of motion, or you may encourage participants to notice the differences of feeling when moving over different surfaces like smooth concrete or bricks or tiles. So, the prompts here... Sorry. Next slide, please. For a traditional walking meditation, you may say, "Feel the earth beneath you as you move forward in any way that you're able to. Notice the difference in each stride of motion. Notice the sound of each movement." So, in this example, we're being open with our language suggesting that the participant engage with the prompt as they're able to. And we're also prompting using a variety of sensations such as the feeling and hearing of the movements.

And I'm going to read a small blurb from an article called The Turning of My Wheels by Matthew Huston, who is a wheelchair user that regularly does a walking meditation. So, he says, "This was the first time I'd ever thought about how I have developed my own method of mindful walking in a wheelchair. To me, it just happened. It was like driving a car. You learn the movements of it and soon you're able to simply do it."

"There are many aspects of Buddhist practice that have made me think deeply about how a person with a disability could do them. I would drive my wheelchair breathing mindfully as I went. I began to notice something that had melded into the background of my travel, the separation between squares of concrete that made up the sidewalk. These cracks are evenly spaced, and I recognize that the wheels of my chair hit them in a pattern of sound and motion. It was not like taking a step, but now, I saw a way of creating my own meditation in motion. I could breathe deeply, mindful of each bump of my wheels on the way. I was following the turning of my wheels in the rhythm of people's feet."

"I also had an insight about the earth beneath me. I noticed the differences in feeling when moving over smooth concrete or over bricks embedded in the ground or moving over grass. The sound of my wheels changed as the surface is changed. I was aware that when I went up a rise or hill, that gravity was pulling me in a way I had never paid attention to before. I was mindful of it all. In this way, I've touched the

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earth more than I could have imagined. It has been almost two years since I developed this way of walking mindfully, and it has been a practice ever since."

And I'll include this article in the resource sheet as well after this session. Next slide, please.

And then, in this last example, the participant has ADHD and has trouble focusing. They complain that their thoughts run a mile per minute, and they want to try mindfulness and meditation to slow down and improve focus. So, some of the key considerations are that mindfulness and meditation has been shown to improve sustained attention and self-control, which are common challenges for some individuals with ADHD. And they often may have challenges with focus, stillness, negative self-talk, and that can actually occur during meditation as well. And a facilitator may provide frequent prompting or queuing to bring the individual's attention back on the sensation or their breath. And the facilitator may provide the duration of longer pauses and silences or counts of breath out loud.

So, for example, if there's going to be a longer pause of five minutes, then, you might want to mention this and provide additional cues during the pause of the minutes remaining. The facilitator may embed more mind, body connection such as mindful movement or breathing into certain body parts and encouraging acceptance if thoughts do come in, not changing it, but just becoming aware of it and removing some of those expectations that participants might come in with.

Also, setting up the space to be free of distractions like we talked about before. So, ensuring that background noise is minimized. And I think the key here is just providing a bit more structure, queuing, and self-acceptance. Next slide, please.

So, you may say, "For the next five minutes, we'll be continuing at this pace, breathing in and out in silence. I'll ring a bell once the halfway mark and twice at the very end." So in this example, we're providing the participant with what to expect in the duration and the duration and providing some sort of verbal queuing for the time halfway through, and then at the end as well. You can also say, "If you find that your thoughts are wandering from your breath gently and lovingly, bring them back to your breath." So, in this example, we're encouraging self-acceptance and providing the additional queuing if someone's mind has wandered. Next slide, please.

So, by going through a few of these examples, you're probably now realizing that it's quite challenging to individually cater to every single person in the room or to even know who your audience is because like I mentioned, many disabilities are non-visible, and experiences are also so personal to each individual. So, I encourage you to make one change to your practice and facilitation from the general guidelines I provided today. Focusing on these guidelines can be helpful because they generally apply to many different situations and people. So, it's just one step closer to creating a more inclusive practice for yourself and for the people participating in your practice. And we can only cover so much in this session. So, we've really only touched the surface of inclusion and accessibility within mindfulness and meditation, but as people are interested in the topic or as facilitators, I highly encourage you to learn more. So, if you wanted to check out the resource sheet that we sent out, there's going to be a couple more links to good webinars and articles that you can check out. Next slide, please.

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And thank you all for being here. And I hope you're leaving the session with at least one new learning or one reflection. And it seems like we have another minute or so. But if anyone has any questions about the topic or about my work in general, you can ask away now, or I put my email below as well in this slide. It's just my name, bismahk@gmail.com. So, if you have any questions or want to ask anything privately, you can also email me there. Thank you again.

Lauren Brown:

Thank you, Bismah. That was wonderful. Always amazing to have you here. Great reminders for those of us who've been facilitating for a while. Does anybody have any questions for Bismah? You can go ahead and jump on your mic. We might want to... Let's see. Or I can scan through and see if there's anybody who's got their hand up.

Bismah, you did mention one thing. I'll ask you to maybe just clarify a little for folks. UDL. So, Universal Design for Learning, we were talking about that a little bit. I can't remember if that was before we jumped on this or not. So, Universal Design for Learning gives us, we want to come up with different ways to represent the information that we're providing people with. We want to come up with different ways to engage with the practice. And I think both of those two things were really clear in your presentation, but action and expression, so that's the other thing with UDL, right? That's multiple way means of action and expression-

Bismah Khalid:

Expressing. Yeah. So, for example, when working with faculty, it might be providing different... I think a lot of faculty have been doing this, providing different assignments and ways to express like adding music into it, visual arts, things like that. So, that's the third principle of the UDL principle, Universal Design for learning. That one's a little bit, I guess, trickier, but I guess, there's an artistic side to it where you can kind of get down and use nature, art and so many other things that honestly can be all mindful experiences. So in a way, you can embed that in. And everything that I described today goes back to those UDL principles because that's what I've based all of this on.

And the general notion is that before you even create your practice or plan out what you're going to be, how you're going to be facilitating, you want to put accessibility inclusion at the very forefront of what you're doing, instead of going backwards and applying it to what you've already created or the frameworks you've already created for yourself as a facilitator. So, I think that's the general notion of UDL. Just how we would apply it to the learning within a classroom, you would want to apply it to facilitation in your practice.

Speaker 2:

Right. Yeah-

Lauren Brown:

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And so, as you were saying that, I was thinking of those check-in questions that we can ask. So, instead of how are you feeling, but your feelings were a color, or if your mood was a weather pattern and making some other kind of connections like that can be a gateway into sort of saying even foregrounding, as you say, to start a session with something that opens that idea that not everything needs to be processed in that linguistic way that we tend to think of-

Bismah Khalid:

Totally.

Bismah Khalid:

Yeah. It's really cool because a lot of the technology that we're using day to day has all of these new features like whiteboards and emojis and all of these other things. So sometimes, it can even be like, you can express your mood linguistically like written out, or you can express it with an emoji. So many other ways too. Or you can just come on mic. So many different things you can do now with technology.

Lauren Brown:

Wonderful. Well, Bismah, thank you so much on behalf of MindFIT, the Multi Face Center and the University of Toronto. It's been wonderful having you here. We look forward to bringing you back again, hopefully next year.

Bismah Khalid:

Awesome. Thank you so much for having me.

Lauren Brown:

On behalf of MindFIT, the Multi-Faith Center, and the Division of Student Life at the University of Toronto, thank you for listening.